

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (<i>Case Name</i>)		8. PAYMENT CATEGORY	
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal		<input type="checkbox"/> Petty Offense <input type="checkbox"/> Other	
		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE	
		<input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other		<input type="checkbox"/> Appellant <input type="checkbox"/> Appellee <i>(See Instructions)</i>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					

REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (<i>Describe briefly</i>)	
13. PROCEEDING TO BE TRANSCRIBED (<i>Describe specifically</i>). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i>	
14. SPECIAL AUTHORIZATIONS	
A. Apportioned _____ % of transcript with (<i>Give case name and</i>	
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	
15. ATTORNEY'S STATEMENT	
As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.	
_____ Signature of Attorney _____ Date _____ _____ Printed Name _____ Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization	
16. COURT ORDER	
Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.	
_____ Signature of Presiding Judicial Officer or By Order of the Court _____ _____ Date of Order _____ Nunc Pro Tunc Date _____	

CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS		18. PAYEE'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS					
<input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		Telephone Number: _____					
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense (<i>Itemize</i>)							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED							
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) from any other source for these services.							
Signature of _____				Date _____			
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.							
Signature of Attorney or Clerk _____				Date _____			
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT						24. AMOUNT APPROVED	
Signature of Judicial Officer or Clerk of Court _____						Date _____	